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ABSTRACT

The Indochinese Mental Health Project of the International Institute of San Francisco has as its major goal that of helping Indochinese refugees to receive training and to find employment in community mental health services in order that they may work with incoming refugee populations. Prospective trainees are evaluated and selected on the basis of their mental health profiles, competency in English, professional and educational interests; and their abilities to serve the Indochinese community. They are then provided with support that enables them to pursue courses of study leading to degrees or licenses in the mental health field. Trainees are then placed in public or private agencies where they are monitored by program supervisors. In addition, they are required to participate in several seminars that cover theories of human behavior, psychotherapeutic techniques, family therapy and casework, community psychiatry and primary prevention, case charting and record keeping, psychological labeling theory, and value differences between Asians and westerners. Formal case conferences are also presented by program trainees. In addition to the training component, the Indochinese Mental Health Project conducts a series of weekend workshops for the purpose of training community members to function as community outreach workers. (GC)

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A MENTAL HEALTH TRAINING MODEL FOR USE WITH INDOCHINESE REFUGEES

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TRAINING CURRICULUM: PHILOSOPHY AND FORMAT

Current Project

The Indochinese Mental Health Project of the International Institute continues both training and serving Indochinese refugees. New instructional materials have been designed based on three years' training experience.

The major goal of the ongoing training is to help Indochinese trainees achieve a level of competency in the field of mental health that will enable them to find permanent employment at existing community service agencies, both public and private. This crucial effort is planned to assure the provision of competent mental health services to Indochinese refugees beyond the project's grant period. An ancillary training goal is to teach culturally relevant theoretical knowledge and clinical skills to Indochinese trainees so that they may competently serve an existing and increasing caseload of emotionally stressed refugees and the more recently arriving "boat cases." These culturally normative services emphasize the personal dignity of this unique population and their right to self-determination. To achieve these goals the project encourages and contributes financial assistance for trainees to enroll at accredited institutions (i.e., universities, colleges) to pursue degrees in the social sciences leading to licensure in one of the mental health professions. One of the current trainees has completed a B.A. in psychology at San Francisco State and has been accepted into the Graduate School of Social Work at U.C. Berkeley.

In addition to encouraging and supporting the trainees' attendance at degree-granting institutions, the project offers an in-service training that includes the following core areas:

1. Fundamental theories of human behavior (psychological, sociological, and anthropological, with special attention to migration and mental health).

2. Psychotherapeutic techniques (clinical diagnosis, interviewing, and treatment with an emphasis on crisis theory, behavior modification, client-centered and directive therapeutic techniques).

3. Family therapy and casework.

4. Community psychiatry/psychology and primary prevention.

5. Case charting and record keeping.

6. Psychological labeling theory.

7. Value differences: West and East.

8. Child development across cultures.

Seminars that comprise these core areas are taught by mental health professionals and these seminars at I.M.H.P. are also accredited for undergraduate credits at San Francisco State University.

Philosophy

Recognizing the importance of providing a sound theoretical foundation on which Indochinese trainees can build a professional career in the mental health field, a need to offer immediate direct services to an existing client population, and the reality of individual differences among trainees, the program has followed a step-level progression that parallels provision of direct services. This concept parallels the career ladders developed for I.M.H.P. trainees. To accomplish this the project utilizes concepts of educational technology to develop individualized programs for each trainee. In practical terms there is a necessary balance between training and service. This means that less experienced trainees initially handle less severe cases while receiving instruction in basic theories and clinical skills. Individual case supervision, utilizing a model of mastery learning and of behavioral objectives to clearly specify knowledge and skills, is the key to this tailored training approach (Weinstein and Russell, 1976; Enelow and Weinstein, 1975). Since performance objectives are operationalized, they can be evaluated. Ongoing periodic assessments using standardized evaluation materials developed during three years' experience are an integral aspect of the program (Enelow and Weinstein, 1975). In addition to these periodic assessments, all supervisors meet together periodically to assess trainees' mastery of different levels of competency in their knowledge and application of techniques of treatment. A Psychotherapy Assessment Form (Appendix G) is used to supplement supervisors' periodic evaluations. Additional readings and discussions of case material are then assigned to match individual abilities. Feedback is given to the trainees in weekly individual supervisions.

Theories of culture shock described in the literature (David, Garza-Guerroro, 1974; Ticho, 1974) point out the regressive reactions and reversion to more primitive regulatory mechanisms among individuals who have lost their "average expectable environment" (Hartmann,

by a panel of professionals, refugee community representatives, and project faculty chosen from the C.A.B. They rated candidates using a rating sheet that was developed using criteria suggested by the C.A.B., thereby involving members of the Indochinese community in each stage of the development of the program.

The necessary goal of encouraging Indochinese trainees to pursue professions in the field of mental health may implicitly direct our attention to younger applicants who would appear to have more interest and potential for obtaining graduate degrees. However, because of Confucian influence on Indochinese cultures (for example, the doctrine of filial piety, emphasizing a vertical hierarchy of roles within the family and society), some young trainees are culturally inappropriate for work with certain clients. For example, we have found that younger female trainees are often unable to work therapeutically with older male clients and vice versa. This is also the case with some younger male trainees. Older trainees have difficulty establishing rapport with high school-aged clients, who sometimes resent the traditional constraints imposed by Confucian doctrine and who are more prone to rebel in a society whose values extoll the virtues of independence and youth. Selection of trainees must take these culturally relevant points into consideration so that the goal of training mental health professionals is accomplished while providing the community with a staff that is able to work with a variety of individuals.

At the same time, because members of ethnic minorities often do not seek professional mental health assistance at existing community agencies, a special group of concerned community members who hold positions of respect was trained in a weekend workshop that included an overview of the mental health system in the Bay Area, a seminar on Migration and Mental Health, and instruction in available community resources. These paraprofessionals are an important adjunct to the staff of the training project and serve as additional resource persons to community members.

Entry Profile and Measurable Outcome Objectives

When beginning the training program, trainees are given the project's Entry Profile and Standard Evaluation, including questions on Western psychological theories of behavior, neuroses, personality disorders, psychophysiological complaints, psychotic behavior, and affective disorders. Actual case examples drawn from three years' work with refugees are also included to illustrate these behaviors (see Appendix G). This is used to establish a baseline of knowledge for individual trainees and to assess their initial levels of competency in these areas. It is not expected that trainees will score highly on the initial profile, but the intent is to create a baseline measure for

1958). These reactions have been observed in persons experiencing "uncomplicated culture shock" (Garza-Guerroro, 1974) -- that is, among voluntary migrants. "Complicated culture shock," such as that suffered by refugees, is likely to produce even more profound regressive reactions.

In light of these findings, there is a need for additional structure, support, and direction until uprooted individuals have had an opportunity to mourn their losses (Chen, 1977; Lindemann, 1969; Cohon, 1978) and have begun to reorganize themselves according to selective identifications with the new culture (Garza-Guerrero, 1974). This process varies because of individual personality differences: strengths and weaknesses. Structure, classification of specifiable learning tasks with measurable outcomes, use of printed teaching aids and evaluation instruments, and personal support in supervision and group meetings are essential factors that assist the trainees with their clinical work. The project makes use of a variety of unique instructional aids developed during three years' training experience.

Our experience has also confirmed what other sources have indicated: conflicts in cultural values among immigrants are intensified because of rapid culture change (Raman, 1960; Sommers, 1964; Krystal and Petty, 1963; David, 1969). Therefore, individual supervisory hours serve another important function by providing the Indochinese trainees with the necessary opportunity to discuss their personal reactions to their own cultural re-adjustment, particularly those aspects of it that are exacerbated by their work with clients, and to mourn significant losses. This need has also been addressed by including a Personal Journal Seminar in the curriculum. This seminar functions as a self-support group.

Selection of Trainees

Consistent with the project philosophy emphasizing community involvement, trainees are selected for their professional and educational interests, as well as their abilities to serve the community as determined by project faculty and representatives of their respective communities serving on a Community Advisory Board (C.A.B.) to the mental health project. We have learned that age, sex, previous occupation, educational level, reputation in the community, and English comprehension are important factors affecting trainees' abilities to learn abstract new material and to establish a positive therapeutic relationship with specific client types. More specifically, the past three years' experience has corroborated what others have noted (Chen, 1977; Morrison, 1973); namely: the ability to speak and read the language of the new culture is of central importance and directly affects both the learning process and the broader acculturation process. The selection of the trainees was based, finally, on evaluations

faculty and trainees to use in subsequent evaluations. The profile is re-administered at six month intervals as a form of standard evaluation to provide both faculty and trainees with feedback about the efficacy of the training and the individual strengths and weaknesses of the trainees.

To assess Indochinese trainees' acquisition of the core subject matter in the training curriculum, knowledge and performance goals have been operationalized into specific outcome objectives that are measurable by using the standardized evaluation instrument. This procedure derives from theories of "competency-based education," a term appearing with greater frequency in the literature of psychiatric training (Weinstein and Russell, 1976; Muslin, Thurnblad, et al., 1974). Specification is a function of extensive knowledge and performance objectives which initially focus largely on cognitive skills and are referenced to the core areas of the training curriculum. Measurement of achievement is primarily through the vehicle of written pre- and post-testing surrounding the subject matter of the core curriculum.

Global performance of actual psychotherapy skills is evaluated by individual supervisors utilizing the project's Psychotherapy Assessment Form adapted from an instrument used in psychiatric residency training (Sills, 1978), (see Appendix G). As noted previously, the use of standardized evaluations not only provides invaluable information to faculty and trainees about individual strengths and weaknesses so that certification of competency or appropriate relearning can occur, but also it gives the Indochinese trainees support and structure in undertaking this complex learning task.

Formal Training Activities

I. Graduate Degrees and Professional Licenses

This section of the training involves attendance at accredited degree-granting institutions leading to professional licenses (half or part-time depending on specific degree program). The goal of encouraging Indochinese trainees to pursue courses of study leading to degrees and professional licenses is to insure their employability in the mental health field, which in turn provides for a continuation of relevant mental health services to refugees beyond the project grant period. One trainee has completed a B.A. in psychology at San Francisco State. As noted elsewhere in this proposal, this trainee has been accepted into the Graduate School of Social Work at U.C. Berkeley.

Other trainees have taken courses at San Francisco State (Theories of Personality); San Francisco City College (Social Work IV), (Social Changes); Wright Institute, Berkeley (Introduction to Psychoanalytic

Theory); San Francisco Gestalt Institute (Using Gestalt Approaches with Third World Populations).

II. Placement at Public and Private Agencies Offering Mental Health Services to Various Clinical Populations

Trainees have been placed in a variety of existing public and private community agencies providing mental health services to a general urban and suburban population. These agencies have multi-ethnic, multi-disciplinary staff that provide Indochinese trainees with a variety of personal and theoretical perspectives which prevents trainees from becoming culture-bound and/or client-bound. Placements are in part determined by each trainee's individual level of knowledge and in part by the availability of openings and the needs of each county's mental health system. This also applies to placement at private service provider agencies.

When viewed from a systems perspective (Gray, et al., 1969; Grainker, 1956), the placement of Indochinese trainees in public and private mental health sites throughout the five northern counties targeted in the proposal not only provides the workers with a broad training experience (i.e., a variety of settings and a varied population ranging from urban to rural), but also impacts the regional mental health systems which are functionally interrelated. The presence of Indochinese trainees serving in these different localities will affect the behavior and attitudes of their professional colleagues in the existing mental health system.

It is important that trainees have exposure to existing mental health service systems so that they can better understand the daily functioning of a mental health agency, interact with and learn from experienced staff persons, observe a variety of treatment modalities, and come in contact with and eventually serve non-Indochinese clients. These are considered necessary experiences in creating employable Indochinese mental health professionals and in assuring for the provision of mental health services to refugees beyond the project grant period. Care must be taken in the selection and assignment of certain trainees within the existing system because of individual differences in language ability and knowledge of Western psychology. The individualized progression of a competency-based program at I.M.H.P. lends itself to the likelihood of appropriate matching of Indochinese trainees with existing agencies.

III. Clinical Case Supervision (minimum 1 hour/weekly)

Weekly case supervision by licensed mental health professionals is the key to individualized training of Indochinese while at the same time providing for the monitoring of direct delivery of services. This method is consistent with the philosophy of progressive mastery of skills and allows for the matching of curriculum material to individual

trainee's level of competency by using the Psychotherapy Assessment Form (see Appendix G), and to give additional didactic material as indicated in order to enhance both theoretical knowledge and clinical application of services. The supervisor also makes suggestions for handling specific cases and monitors the progress of individual cases as presented by trainees and as noted in case chart reviews. In addition to these functions, supervision provides an opportunity for trainees to talk about personal and/or interpersonal concerns relating to their own acculturation that may be aroused by their work with clients. As pointed out in the philosophy portion of this training section, the chance to discuss personal issues is a prerequisite for effective learning.

IV. Role Induction: Role-playing and Videotapes

The Confucian philosophical foundations that underlie Indochinese cultural heritage are recognized by scholars (Slote, 1972; Slote, 1977; Marr, in press; Murphy, 1968; Tung, 1978; Cohon, 1978). One of the central functions of this system was to elucidate the "correct" relationship among people by prescribing clearly defined roles, first within the family and then in the larger society. For example, Slote (1972) writes:

> "In Viet Nam, the adoption of a role is not simply a product of insecurity as it frequently is in the West . . . Because of the insistence upon tightly defined traditional patterns of behavior, the Vietnamese are, in effect, forced into adopting a public personality." (p. 118)

As noted earlier, culture shock often results in regressive reactions, intense value conflicts, and role confusion. David (1969) emphasizes that migration is one of the most obvious instances of complete disorganization of the individual's role system with accompanying disturbance of social identity and self-image. Our training experience indicates that Indochinese trainees place an extremely high value on their roles as mental health workers. This is certainly consistent with their heritage and also serves an adaptive function.

However, a major obstacle to successfully adopting this role of "mental health person" is the unfamiliarity that refugees have with this role's particular function. Therefore, an esstential initial task of training is to provide the Indochinese with an appropriate role model and explanation of the job of "mental health worker." This is a central building block in the eventual development of any mental health professional or paraprofessional career, but it is particularly true for people to whom clearly defined roles are of primary concern.

Pedersen (1977, 1978) has developed a Triad Model of cross-cultural training that makes use of techniques adopted from psychodrama and

videotape modeling. The Indochinese trainees currently in the project have already been exposed to videotapes of Western psychotherapy interviews.

The training contains intensive role induction emphasizing the socialization process necessary for viewing oneself as a "mental health person." Any satisfactory role performance first requires the development of such professional identity. Role playing, psychodrama techniques, viewing of videotapes and films, in vivo observation of psychotherapy, and continued education about the role of a professional mental health person in daily activities and supervision are all used to familiarize the trainees with this new task.

One important finding in our work to date is the influence of the client's perception of the role of his mental health worker on the development of rapport and the outcome of treatment and vice versa. When clients have a clear understanding of their worker's role and function of his/her job, they are more likely to remain in treatment. In addition to this factor, many refugees are confused about their own role expectations as clients in this new "mental health relationship." This is why there is need for ongoing C.E. and I. outreach to the refugee population and why initial sessions often serve an educative or socialization function for clients (Tung, 1978). There is a body of existing research that supports the position that pre-therapy training has a positive effect on client attendance and progress in therapy (Hoehn-Saric, et al., 1964; Truax and Carkhuff, 1967; Baum and Felzer, 1964; Yalom, et al., 1967). Through education, Indochinese mental health trainees as well as clients become familiar and comfortable with these new roles, and can more readily explain and clarify the nature of this relationship called "psychotherapy" so that their work together is more directed towards unambiguous, mutual goals.

V. General Curriculum

The material covered in the curriculum provides a broad theoretical background in mental health in addition to teaching culturally relevant adaptations of Western theory and techniques. The purpose of teaching this general background is to give all Indochinese trainees a generic grounding in mental health so that they have the flexibility to serve a varied client population and are not culture-bound in their ability to deliver services. Various seminars are taught during the entire year.

A Seminars

1. Fundamental theories of human behavior. These seminars present major psychological theories of personality including the psychoanalytic intrapsychic approach (Freud, Sullivan), sociocultural approach (Erikson); trait and type approaches (Kretschmer, Sheldon, Allport), cognitive approaches (Kelly, Festinger); motivational theories

(Murray, Maslow, Rogers); and social learning approaches (Pavlov, Watson, Skinner, Miller and Dollard, Bandura and Walters). In addition, sociological and anthropological theories of development emphasizing acculturation, culture growth, change, and the process of psychosocial adaptations are presented (Levine, 1973; Sue, 1977; Lindemann, 1969).

A special series of seminars covering Migration and Mental Illness stresses the problems commonly occurring in refugee populations: paranoia, unipolar affective disorder -- reactive depressive type, psychosomatic disorders, and nostalgic reactions (Cohon, 1977). Particular attention will be given to psychosomatic medicine. Careful study of presenting problems that are somatic have been related to specific cultural belief systems about health and illness behavior (Mechnaic, 1972). This approach recognizes the important part that a client's belief system has on treatment outcome (Tung, 1970; Kleinman, 1975; Yager, 1977) and sensitizes trainees to the important notion that physical complaints may have a psychological basis.

2. Psychotherapeutic techniques. These seminars include diagnostic interviewing techniques (Enelow, 1974; Bruch, 1974) designed to give trainees skills to conduct a clinical interview and, without violating Indochinese cultural norms, to obtain historical data pertinent to the presenting problem, establish initial rapport with the client, list specific problem areas and strengths based on the information obtained, discuss the data in terms of case formulation and diagnosis, design a treatment plan for those problems which have sufficient data, and make appropriate referrals (i.e., for physician exam, laboratory tests, neurological and psychological evaluation). These seminars also present a variety of psychotherapeutic techniques including crisis therapy and brief treatment techniques (Rosenbaum and Beebe, 1975; Malan, 1976; Horowitz, 1976; Lindemann, 1944); behavior modification (Dollard and Miller, 1950; Eysenck, 1960; Krasner and Ullman, 1965); client-centered therapy (Rogers, 1951); directive therapeutic techniques (Haley, 1976); re-educative and supportive techniques (Wolberg, 1954). Our experience has taught us that certain techniques are more effective with this unique refugee population: directive and/or re-educative therapy methods in initial sessions gradually moving to a more non-directive model emphasizing shared control, supportive therapy, brief treatment aimed at crisis resolution often involving home visits and utilization of community support systems, and behavior modification techniques.

3. Family therapy and casework. The importance of the family in Indochinese cultures has repeatedly been stressed in the literature (Slote, 1977; Tung, 1972). This seminar presents various therapeutic models for working with family dysfunction (Speck and Attneave, 1973; Satir, 1964; Haley and Hoffman, 1967; Minuchin, 1974), many of which place special emphasis on the influences of the sociocultural context of the family. A theoretical model for assessing family functioning from a culturally relative perspective has been

used (Voiland, 1962; Wittkower and Dubreuil, 1973). Trainees have already worked with training faculty in describing different cultural family norms that exist not only across the three main Indochinese groups represented (Vietnamese, Cambodian and Laotian), but also within each separate culture as differentiated by social class, previous occupation and economic status, and educational background. Case examples of family therapy with other immigrant populations are also presented and discussed.

4. Community psychiatry/psychology and primary prevention. This series of seminars covers principles of preventive psychiatry (Caplan, 1964) focusing on community planning in prevention and control of mental disorder, and it also outlines systematic community programs for reducing psychological stress and aiding individuals and their families to adjust to life difficulties. There is a focus on the importance of training concerned community members in making early detection and appropriate responses (i.e., referral). An emphasis is also placed on the importance of structuring cognitive and emotional supports for the refugee population and using Consultation, Education, and Information Service (C.E. and I.) to sensitize both the existing mental health system and community members themselves (Caplan, 1974; Caplan, 1970) to the unique mental health needs of the refugee population.

5. Case charting and record keeping. In order to give additional structure to the process of case formulation and to assist trainees to develop competence in thinking systematically about client problems, organizing case data consistently, and devising appropriate treatment plans, this seminar teaches the problem-oriented method of record keeping (Grant and Maletzky, 1972). This charting system avoids some of the pitfalls of diagnostic labeling (see next section, 6) by utilizing operational descriptions of problem behaviors which include personal, interpersonal, social, organic/somatic, and dispositional factors. Trainees learn to distinguish their subjective reactions from more objective data; to make assessment of the severity of the problem; and to plan appropriate treatment strategies for the problems listed in the record. This standardized method of case charting also allows individual supervisors to quickly review the progress of each case, change treatment plans where appropriate, and evaluate a trainee's ability to transfer relevant data into competent case management. Cases are all evaluated periodically by the training director and the consultant psychiatrist with written feedback in the charts so that supervisors can review the comments with the trainee.

6. Psychological labeling theory. This seminar emphasizes the hazards inherent in the application of pathological diagnostic labels to behavioral dysfunction. Teaching includes a balanced approach between the realities of working within a community-based system requiring the use of a standard diagnostic nomenclature (DSM-II),

and recognition of the limitations of these diagnostic categories in light of cultural relativism (Murphy, 1976; Waxler, 1974).

7. Value differences: West and East. Previous training experience has shown that the process of training and supervision of cases gives rise to explicit and implicit value conflicts in both trainees and faculty supervisors. Supervising faculty and trainees continue to attempt to examine in some detail the processes involved in the interface between two cultures whose philosophical roots are quite different. Faculty and trainees also discuss the influences of these differences on their work together and with clients. Although this is a process that occurs in every seminar, regardless of specific content, several separate classes periodically have been devoted solely to using a task-oriented approach in examining differences in cultural values and beliefs by making use of Kluckhohn's (1953) analysis of dominant-variant value orientations.

8. Case conferences. Periodically in seminar sessions individual trainees present a client or family case that they have in treatment. This presentation supplements the one hour per week Intake Conference (VI) which is directed more towards evaluation and dispositional planning of new cases. The trainee presents the case history, lists presenting problems, formulates the case from a selected theoretical perspective, gives a treatment plan for each problem on the problem list, and states a rationale regarding short or long-term treatment, degree of family involvement, and whether there is need of involvement with other community agencies. These presentations are analyzed and discussed by faculty and trainees together during the seminar. These cases have proved invaluable in refining specific treatment techniques for use with Indochinese because they provide real clinical material as feedback to evaluate theories of working with refugees. They also are an opportunity for trainees to practice discussing cases with other mental health workers in preparation for entering the mental health system.

VI. Intake Conferences (1 hour/week)

Evaluations of all new clients are presented at a weekly Intake Conference attended by faculty and trainees. Ongoing cases are presented bi-weekly for group evaluation and study. During these conferences the trainee receives supervision on his/her diagnostic and interviewing skills, as well as case presentation and formulation. These sessions have been invaluable in generating specific bits of cultural data that are unique, that alter the treatment plan, and that require flexibility of response.

For example, one client has a three-year, medically undiagnosable complaint of dizziness (despite frequent visits to specialists), poor concentration, and "than xuy" -- weak kidneys. Trainees pointed out that weak kidneys in Vietnamese implies sexual impotence, or a decrease in sexual drive, and depression. This client seems to be

benefitting from "talking therapy," as he describes the hardship of losing his wife during their escape and his present circumstances -- living on welfare with his 16 year-old son in an apartment in San Francisco's Tenderloin District. However, he does not acknowledge any connection between these experiences and "than xuy." Nor does he openly acknowledge a relationship between "talking therapy" and his general brightening of affect and initial efforts to find work. The case resembles a case reported by Kleinman (1977), who studied Chinese depressives and found a high degree of somatization with no acknowledgement of depression which implied mental illness. Several other Vietnamese physiological complaints have been correlated to specific emotional states without directly referring to the feeling itself. (Dr. Le Tai Rieu of the Mental Health Project has written a paper: Vietnamese Concepts of Illness and Treatment: Traditional and Modern Blending, March, 1978.) It has gotten increasingly evident that when client understanding of illness and our choice of intervention are proximate, clients are more likely to return and this supports the need for outreach to educate the refugee community and also the need for flexibility of service. This importance of particular relationships has been made more apparent by an increase in the numbers of personal referrals.

VII. Videotape Sessions (2 hours/weekly, minimum)

Pacific Medical Center had provided the project with use of their videotape equipment. In May the project obtained video equipment. Trainees have viewed and studied: Basic Interview Techniques - 1, Allen Enelow, M.D.; Basic Interview Techniques - 2, Allen Enelow, M.D.

Trainees have observed tapes of another Indochinese trainee doing treatment with a client who has given written permission to be videotaped. These sessions are discussed and critiqued by faculty and staff, at times with input from outside professional consultants. This is a highly valued method for teaching and modeling of clinical skills and is considered extremely important in the process of role induction as a mental health professional for the trainees (see Formal Training Activities, Section IV.)

VIII. Outside Consultants (2 hours)

The project actively encourages and seeks out consultants who are working in hospitals, community agencies, schools, and universities to present selected topics or run case conferences. Consultants are asked to meet once yearly for a working conference to elicit their input about training and supervision. A list of consultant VITAE begins on page .

IX. Resource File

A resource file containing recent and "classic" papers and journal articles covering a wide range of psychological, sociological,

anthropological, and ethnological subjects is available to trainees. There is a small library of psychological, psychiatric, and culture specific articles and books (i.e., history, geography, political and religious) at the project. These are often read in conjunction with individual supervisors. This approach is consistent with the step-level individualized progression coinciding with the trainee's personal strengths and weaknesses as determined by the standardized evaluations. The faculty continues to expand this file and the library as new materials become available. There is also a library available at International Institute, with a large selection of books and journals (sociology, psychology, anthropology), many specifically related to immigrants and refugees.

Informal Training Activities

I. Hospital Grand Rounds in Psychiatry (1 hour/week)

Trainees and faculty can elect to attend psychiatric rounds at Pacific Medical Center or observe the University of California, San Francisco rounds on videotape.

II. Conferences and Workshops

The project encourages and supports both trainees and faculty attendance at relevant workshops and conferences.

Evaluation and Relearning

Use of the Entry Profile and Standard Evaluation Form at six month intervals provides feedback about the effectiveness of the training. Supervisors are required to fill out the Psychotherapy Assessment Form with trainees. This is also required of supervisors at different placement agencies. Trainees who require special attention for re-learning specific knowledge objectives are given added support and directed readings to supplement core course material. This additional study is presented in the context of individual supervision. Evaluation of psychotherapy outcome has been a confused and confusing area that has still not been satisfactorily resolved (Bergin, 1971). Nevertheless, there is need for an efficient and responsibly run program to take steps to attempt to evaluate the outcome of its direct services to clients and to collect data for feedback so that services can be modified accordingly. I.M.H.P. has used a standardized Intake/Closing Form to collect data on clients and evaluate treatment effectiveness.

Curriculum for Outreach Paraprofessionals

A separate series of weekend workshops composed of seminars drawn from the core curriculum of the General Psychology and Treatment Seminar are used to train selected community members to function as community outreach workers. Individual participants are chosen based on criteria set up by the Advisory Board and also on their expressed interest in this informal caregiver role. One group of 15 Indochinese was trained during the weekend of June 23, 24.